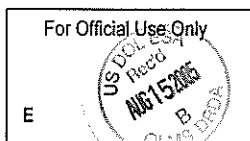


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6401</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kevin</u> <u>E</u> <u>Williamson</u> P.O. Box, Bldg., Room No., if any Street <u>650 East Devon Ave.</u> City <u>Itaska</u> State <u>Illinois</u> ZIP Code + 4 <u>60143</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Int'l Union</u> Labor Organization File Number <u>000-056</u> P.O. Box, Building and Room Number, if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>Vice President, Director Region 6</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Swift Co.</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>1770 Promontory Circle</u> City <u>Greeley</u> State <u>Colorado</u> ZIP Code + 4 <u>80634</u>	7.a. Nature of Interest, Transaction, or Income. <u>Meat samples; receipt was not obtained and value is estimated.</u> 7.b. Amount. <u>\$30</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Kevin E. Williamson

On

8/09/05
Date

630-467-0998
Telephone Number

Name of Person Filing Kevin Williamson	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name GESD Capital Partners</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 1450</p> <p>Street 221 Main Street</p> <p>City San Francisco</p> <p>State California ZIP Code + 4 94105</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW Industry Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 11102</p> <p>Street 301 East Ohio Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60611-0102</p>	<p>11.a. Nature of such dealing.</p> <p>Trust is an investor in GESD pursuant to decision of professional investment manager.</p> <p>11.b. Approximate dollar value of such dealing. \$87,500</p> <p>12.a. Nature of interest held or income received.</p> <p>Holiday food gift basket.</p> <p>12.b. Amount. \$147</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Chicago Equity Partners</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 180 North LaSalle St.</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603</p>	<p>14.a. Nature of payment.</p> <p>Sports tickets; receipt was not obtained and value is estimated.</p> <p>14.b. Amount of payment. \$135</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing Kevin Williamson

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Kraft Foods

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Three Lakes Drive

City Northfield

State Illinois

ZIP Code + 4 60093

7.a. Nature of Interest, Transaction, or Income.

Cheese samples; receipt was not obtained and value is estimated.

7.b. Amount.

\$30

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

